

Centers for Disease Control and Prevention

(dollars in millions)

	1996	1997	1998	Request
	<u>Actual</u>	<u>Enacted</u>	<u>Request</u>	<u>+/- Enacted</u>
Budget Authority	\$2,144	\$2,302	\$2,316	+14
Program Level	2,245	2,416	2,452	+36
Outlays	2,198	2,189	2,271	+82
 FTE	 6,398	 6,404	 6,404	 0

Summary

The FY 1998 President's Budget request for the Centers for Disease Control and Prevention (CDC) provides a \$2.3 billion level of spending.

CDC is the Federal agency responsible for disease and injury prevention and the promotion of good health. To fulfill its vision of "Healthy People in a Healthy World Through Prevention", CDC addresses the leading preventable health problems affecting Americans. In its fifty years of noteworthy accomplishments, CDC has made prevention not only a science, but a practical reality. CDC constantly strives to determine what prevention strategies work best, for what groups of people, in what situations, and at what cost, both personal and economical. As the Nation moves forward to provide cost effective health care, the importance of investments in prevention, becomes more evident every day.

Childhood Immunization

In response to disturbing gaps in immunization rates for young children in America, this Administration made its

Childhood Immunization Initiative (CII) a priority. While childhood immunization rates are at an all time high of 75 percent, about 1 million children under age two still have not received the full series of vaccinations. The CII goal is to ensure that by the year 2000, at least 90 percent of all two-year olds receive the full series of vaccines, and that a system is in place to sustain high immunization coverage.

In FY 1998 the Administration will spend a total of \$792 million on childhood immunization--\$427 million on CDC discretionary programs and \$365 million on the Vaccines for Children (VFC) entitlement program. With these funds, CDC will be able to assist States in the purchase of the same level of vaccines as the previous year. Major components of the CII are the resources provided to States and cities to purchase vaccines; to assure access to public health clinics; and to increase parental awareness of the need to immunize children.

As a result of these expansive efforts over

time, many grantees are now experiencing some slowness in their ability to fully expend resources. In FY 1998 CDC will reduce by \$14 million the amount of infrastructure assistance extended to States, and still support the same level of activities. This one-time reduction should ameliorate the balance of unspent funds from previous years' awards.

In addition, the FY 1998 budget includes a proposal to halt, for one-year, the payment of excise tax on all vaccines purchased by CDC. This proposal is projected to save a total of \$97 million in both the purchase of vaccines through the discretionary grant program and the entitlement VFC. The Vaccine Compensation Trust Fund is expected to remain in a surplus status, exceeding \$1 billion, even after the impact of this legislative savings.

Today, the VFC program is going strong, with all 50 States participating in the program. Tremendous strides have been made since the program began in October, 1994. Enrollment of private providers has extended to over 28,000 sites with multiple providers, and to approximately 9,000 public clinics. Through these providers, as well as, Community Health Centers and Rural Health Clinics, VFC vaccines are made available to Medicaid, uninsured, underinsured, American Indian, and Alaska Native children at their first medical point of contact.

HIV/AIDS

A total of \$634 million, is requested for CDC HIV/AIDS prevention programs. Through CDC's HIV Community Planning process, States and local governmental and non-governmental organizations are better able to conduct HIV education and prevention programs that are individually tailored to specific populations' needs. In FY 1998, CDC will target the additional \$20 million requested, to

reaching an estimated 200,000 injecting drug users as a critical risk group for prevention targeting.

More than one-third of all reported AIDS cases in the United States are associated directly or indirectly with injecting drugs users (IDU), their sex partners, and children whose mothers either inject drugs themselves or are high-risk sex partners of IDUs. In 1995 alone, 19,261 AIDS cases--a quarter of the year's total cases--were reported among IDUs. CDC will promote a wide variety of strategies to reach those substance abusers at risk. These include integration of substance abuse and HIV prevention activities, high quality outreach programs for IDUs with frequent contacts for continuity of prevention efforts, improved access to health care and social services, prevention of syringe-sharing among those who continue to inject, community mobilization to reduce drug use, and improved access to drug treatment. Key in this effort is the recognition that programs must be locally designed to be locally relevant.

Preventing New and Emerging Infectious Diseases

Over the last 50 years, significant progress was made in the prevention and control of many infectious diseases. Today this progress has been partially reversed, due to factors which include changes in human behaviors, dramatic increases in international commerce and travel, environmental change, and deterioration of our public health infrastructure, resulting in the emergence of drug resistant and new and resurgent bacteria, fungi, parasites and viruses.

CDC is seeking a total of \$112 million for infectious disease activities. Of this amount a \$15 million increase is included to continue implementation of the CDC national prevention strategy for addressing emerging infectious

disease threats. The FY 1998 request will provide financial and technical support to 23 State health departments for surveillance, epidemiologic and laboratory investigations, and educational programs on infectious diseases, including rapid identification and investigation of outbreaks and drug resistant diseases. CDC will continue to establish a National early warning surveillance network on detection of emerging disease threats.

This investment has the potential to reduce the burden of illness due to infections and reduce health care costs substantially. Infectious diseases remain the leading cause of death worldwide. Emerging infections contribute substantially to the ongoing burden of infectious diseases on the American public. Childhood ear infections, the leading cause of visits to pediatricians, increased 150 percent between 1975 and 1990. Direct and indirect costs of infectious diseases are staggering. For example, influenza produces direct medical costs approaching \$5 billion and lost productivity of almost \$12 billion per year. Hepatitis B virus infection costs over \$720 million each year. These are illustrative costs. Clearly, infectious diseases contribute significantly to economic losses and days of disability in the United States.

Interagency Food Safety Initiative

A second component of CDC's infectious disease prevention focus is to ensure safety of the Nation's food supply. CDC, along with FDA and the U.S. Department of Agriculture, will develop an expanded "Early Warning System" to help detect and respond to outbreaks of food borne illnesses. An increase of \$10 million is requested to increase the number of active food safety surveillance sites across the country to eight. These "sentinel" sites will be better equipped, the labs will be modernized, and have additional staff (disease detectives) in order

to better trace outbreaks to their source. Other State laboratories will receive technology enhancements as part of this initiative.

In addition, a food borne disease electronic communication network will be developed. Through the sharing of information electronically, more rapid dissemination of data--including the digitized DNA "fingerprints" of infectious agents--will occur. CDC will also conduct extensive prevention effectiveness evaluations and enhance the scientific basis for prevention of food borne illnesses.

Chronic Diseases - Heart Disease/Diabetes

Chronic diseases, for example, heart disease, cancer and diabetes account for over 70 percent of deaths in the United States and are a major cause of disability. Prevention of these diseases and managing the progression once a person is afflicted can be done through eliminating behavioral risk factors, increasing health promotion practices, detecting disease early, and appropriately managing and treatment of the disease. The FY 1998 budget includes an additional \$25 million to strengthen the Nation's response to chronic disease.

Specifically, CDC is seeking an additional \$15 million to expand continuing efforts by States to prevent tobacco use among young people. Also, CDC national surveillance efforts will evaluate State-specific tobacco prevention and control efforts. CDC's efforts will be in concert with those of FDA, NIH, and SAMHSA. Over the next seven years, the goal is to reduce teenage use of tobacco by 50 percent. Total spending directed to tobacco prevention would increase from \$ 21 million to \$36 million.

Additionally, CDC is requesting an increase of \$10 million to expand the National Diabetes Control Program. It is estimated that 8 million Americans are diagnosed to have diabetes, with

diabetes ranking as the seventh leading cause of death in the United States. With this increase, the CDC will strengthen State-based control programs, expand educational campaigns, conduct applied research on the care and treatment of patients, and maintain a national surveillance system. Total spending on diabetes control will increase from \$26 million to \$36 million.

Sexually Transmitted Diseases

The prevention and control of sexually transmitted disease (STDs) has been a long-standing partnership involving Federal, State, and local health authorities. In FY 1998, CDC is seeking a total of \$111 million, or a \$5 million increase over FY 1997 to support this partnership.

This increase will be used to provide added capacity to respond to the increasing rate of chlamydia infection in this country. Untreated infection in women often leads to upper genital tract infection or pelvic inflammatory disease (PID). Many women with PID become infertile. Model programs to prevent chlamydia have been successfully tested. The added funds will permit CDC to begin to replicate these intensive screening approaches in other States, and ultimately reduce the rate of costly reproductive health consequences.

Rape Prevention Activities

In FY 1998, CDC is requesting \$45 million, a \$10 million increase, to support States efforts in the prevention of rape. These funds are distributed through a formula and was first initiated as part of the Violent Crime Control and Law Enforcement Act of 1994. States use these fund to operate rape crisis hotline, conduct victim counseling, train professional staff who assist victims, and create educational programs

for adolescents and young adults to cut future violent crimes.

Breast and Cervical Cancer

Almost all deaths from cervical cancer and an estimated 30 percent of deaths from breast cancer in women over age 50 are preventable through widespread use of mammography screening and Pap-testing. In FY 1998, CDC is seeking \$142 million, an increase of \$2.3 million, over FY 1997. These funds will continue the enhancement of State-based programs as part of the National Breast and Cervical Cancer Early Detection Program. This national effort is an aggressive response to ensure the delivery of successful screening services. This includes screening referral and follow-up services, quality assurance, public and private education, surveillance, and partnership developments. As of May 1996, over one million women have been screened through this program.

Health Statistics

Health statistics have become a major priority of the health community over the last several years, and data systems like those of the National Center for Health Statistics (NCHS) have become regarded as the fundamental building blocks of public health policy.

Through the NCHS, the federal government is able to ensure that adequate information exists to:

- Track changes in health and health care, particularly as major changes are occurring in private market and in Federal and State activities.
- Plan, target , and assess the effectiveness of public health activities.
- Identify health problems, risk factors, and disease programs.

- Assist public and private managers and providers understand trends and better anticipate the future direction in the health care system and health behaviors.

The FY 1998 request includes \$89 million for the health statistics programs of NCHS. In the coming year the NCHS will be taking increased leadership in coordinating, streamlining and improving the timeliness of Federal health statistics. The NCHS Director, through the HHS Survey Integration Plan, will explore better ways to design surveys, fill data gaps, and improve the use and analysis of survey information. Specific steps of the Plan include linked and integrated samples of many surveys, questionnaires will be made more comparable, and field operations of surveys will be merged as needed.

The increase of \$3 million requested for FY 1998 will be used to continue the full implementation of the National Health and Nutrition Examination Survey (NHANES). By using direct standardizing measurements, NHANES helps in measuring health conditions and risks of the Nation--an important tool for measuring the outcomes of our investments in research, prevention and treatment.

National Institute for Occupational Safety and Health (NIOSH)

The FY 1998 budget request contains a total of \$180 million, an increase of \$7.2 million over FY 1997. NIOSH works to determine the nature and extent of the occurrence and causes of work injuries and diseases in greatest need of prevention and intervention efforts.

Of the additional funds requested for FY 1998, \$4.6 million will be used to fully implement and staff a new research laboratory in Morgantown, West Virginia. This research

facility will maximize CDC's capacity to conduct research on the etiology of health problems, develop and evaluate new approaches to exposure assessment and interventions, and develop methods to communicate, to all involved, safety and prevention information.

An additional \$2.5 million in FY 1998 will be targeted to conduct assessments and evaluate investigations into fatal losses of life among fire fighters. Far too many fire fighters are injured or die (105 died in 1995 alone) on the job. New strategies need to be developed to intervene and prevent these incidents.

CDC OVERVIEW

(dollars in millions)

	1996	1997	1998	Request
	<u>Actual</u>	<u>Enacted</u>	<u>Request</u>	<u>+/- Enacted</u>
Preventive Health Block Grants	\$145	\$154	\$144	\$-10
Rape Prevention	29	35	45	+10
Prevention Centers	8	8	8	0
Sexually Transmitted Diseases	105	106	111	+5
Immunization	468	468	452	-16
Less: Proposed excise tax savings	<u>0</u>	<u>0</u>	<u>-25</u>	<u>-25</u>
Subtotal, Immunization	468	468	427	-41
Infectious Diseases	62	88	112	+24
Food Safety (non-add)	(3)	(5)	(15)	(+10)
Tuberculosis	119	119	119	0
Cancer Registries	18	22	22	0
Heart Disease/Smoking	45	46	61	+15
Diabetes & Other Chronic Diseases	315	36	46	+10
Environmental Health	39	43	42	-1
Breast & Cervical Cancer	125	140	142	+2
Lead Poisoning	36	38	38	0
Injury	46	49	49	0
Occupational Safety & Health	161	173	180	+7
Epidemic Services	78	89	89	0
Health Statistics	77	86	89	+3
HIV/AIDS	584	617	634	+17
Toxic Substances Disease Registry	59	64	64	0
Building & Facilities	4	31	23	-8
Program Management	3	3	2	-1
Total, Program Level	2,245	2,416	2,452	+36
Less: Intra-Agency Transfers & Receipts ..	<u>-101</u>	<u>-114</u>	<u>-136</u>	<u>-22</u>
Total, BA	2,144	2,302	2,316	+14
FTE	6,398	6,404	6,404	0